## Willard City Corp P.O. Box 593

P.O. Box 593 80 West 50 South Willard, Utah 84340 Phone: 435-734-9881

Fax: 435-723-6164

CONDITIONAL USE PERMIT APPLICATION FORM
Owner(s) of Record: Name:
Phone: 435 237 9525 Mailing Address: 295 W . 750 N .
City: WILLARD State: UT Zip: 8434L
E-Mail Address: / 4 n h e and 7 a guard Fax:
Authorized Representative to Whom All Correspondence is to be Sent:
Name: Livn n Beard Phone:
Mailing Address: Sauc
City:State:Zip:
E-Mail Address: Fax:
E-Mail Address: Fax:
Subdivision Name:
Address:
Section: Township: Range:
OWNER(S) ACKNOWLEDGEMENT All application fees must be paid at time of application submittal. No application will be processed until all application fees are paid. Notification and publication fees for required public hearing notices (individual notices mailed to property owners - \$0.50 per notice; 14 day publication of legal notice in local newspaper – cost of notice) will be billed to applicant at the time a hearing is scheduled. Notification fees must be paid within 10 days of billing. PLEASE NOTE REGARDING FEES; the payment of fees and /or the acceptance of such fees by City Staff does not constitute any sort of approvals, vesting, or signify that the application is complete or appropriate in any manner. The collection of fees is simply a requirement to begin the review process that will ultimately make such determinations. I hereby declare under penalty of perjury that this application form, and all information submitted as part of this application form is true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that Willard City may rescind any approval or sufficiency determination, or take other appropriate action.
Owner(s) Signature:  Date: 12-9-14
Date: 12-4-19

Shed 13' Existly house 126 4 proposed Divineway street 481 N 200W Willard 6 - T- Blanding Lvnn Beard AUG 2 2 2014 Received